CALMSHELL Master Policy Framework

Phase 2: Clinical & Therapy Policies

Document Version: 1.0
Effective Date: June 2026
Jurisdiction: Canada (Primary: Ontario, PIPEDA, PHIPA, Federal Regulations)
Last Updated: June 2026
Status: DRAFT FOR IMPLEMENTATION

Table of Contents

POLICY 6: THERAPIST VERIFICATION POLICY

6.1 Purpose & Scope

The Therapist Verification Policy establishes the requirements and procedures for verifying the credentials, qualifications, and suitability of therapists offering services through CALMSHELL. This policy ensures that only qualified, licensed professionals provide therapy services and protects users from fraudulent or unqualified practitioners.

6.2 Therapist Categories & Requirements

Licensed Mental Health Professionals: Therapists must hold current licenses from recognized provincial regulatory bodies. Acceptable licenses include:

- **Psychologists:** Licensed by the College of Psychologists of Ontario (CPO) or equivalent provincial body
- **Social Workers:** Licensed by the Ontario College of Social Workers and Social Service Workers (OCSWSSW) or equivalent provincial body
- **Counselors:** Licensed by provincial counseling regulatory bodies where applicable
- **Psychiatrists:** Licensed by the College of Physicians of Ontario (CPO) or equivalent provincial body
- **Nurses:** Registered Nurses with psychiatric specialization, licensed by Registered Nurses' Association of Ontario (RNAO) or equivalent

Coaches & Wellness Professionals: Non-licensed coaches must complete CALMSHELL certification programs and meet training requirements. Coaches must not hold themselves out as therapists or provide clinical treatment.

Peer Supporters: Peer supporters must complete CALMSHELL peer support training and certification. Peer supporters must clearly identify themselves as peers, not professionals.

6.3 Credential Verification Process

Initial Verification: Before offering services through CALMSHELL, all therapists must submit documentation including:

- Current professional license (copy of license certificate)
- Proof of professional liability insurance
- Criminal record check (Vulnerable Sector Check)
- Professional references from colleagues or supervisors
- Curriculum vitae or resume
- Proof of continuing education (if applicable)
- Disclosure of any disciplinary actions or complaints

Verification Timeline: CALMSHELL completes initial verification within 10 business days. Therapists are notified of verification status by email.

Regulatory Body Verification: CALMSHELL verifies licenses directly with provincial regulatory bodies. Verification includes confirmation of current license status, absence of suspensions or restrictions, and absence of disciplinary actions.

Background Check: CALMSHELL conducts Vulnerable Sector Checks for all therapists, particularly those working with children or vulnerable populations. Background checks are valid for 3 years.

Insurance Verification: CALMSHELL verifies that therapists maintain current professional liability insurance with minimum coverage of $1 million. Insurance verification is conducted annually.

6.4 Ongoing Verification & Monitoring

Annual Renewal: Therapist credentials are renewed annually. Therapists must confirm that licenses remain current, insurance is maintained, and no disciplinary actions have occurred.

License Monitoring: CALMSHELL monitors provincial regulatory bodies for disciplinary actions, suspensions, or revocations affecting therapists. Therapists are immediately removed from the platform if licenses are suspended or revoked.

Complaint Monitoring: CALMSHELL tracks complaints and disciplinary actions reported to regulatory bodies. If a therapist receives a complaint, CALMSHELL may conduct an investigation and may suspend or remove the therapist.

Continuing Education: Therapists are required to maintain continuing education requirements set by their regulatory bodies. Therapists must provide evidence of continuing education upon request.

6.5 Specialization & Training

Therapists may indicate specializations, including trauma, anxiety, depression, postpartum mental health, substance use, and others. Specializations are based on therapist self-report and are not independently verified.

CALMSHELL offers optional training programs for therapists in areas including virtual care, crisis response, cultural competency, and platform-specific procedures. Training is recommended but not required.

6.6 Geographic & Jurisdictional Requirements

Therapists must be licensed in the province where they provide services. Therapists licensed in one province may not provide services in another province unless they hold licenses in both provinces.

CALMSHELL verifies therapist location and ensures that therapists only offer services in provinces where they are licensed. Therapists must update their location and licensed provinces when changes occur.

6.7 Removal & Suspension

CALMSHELL may suspend or remove a therapist from the platform for:

- Expired or suspended professional license
- Failure to maintain professional liability insurance
- Disciplinary action by a regulatory body

- Violation of CALMSHELL policies or professional standards
- Complaints or reports of misconduct
- Criminal charges or convictions
- Failure to respond to verification requests

Therapists are notified of suspension or removal and are provided an opportunity to respond before final removal.

6.8 Appeals Process

Therapists may appeal suspension or removal by submitting a written appeal to CALMSHELL's Compliance Team within 10 business days. Appeals are reviewed by an independent panel and a decision is made within 20 business days.

6.9 Public Verification

Users may verify therapist credentials by accessing the therapist's profile on CALMSHELL, which displays license status, specializations, and other relevant information. Users may also independently verify licenses through provincial regulatory bodies.

POLICY 7: SCOPE OF PRACTICE POLICY

7.1 Purpose & Scope

The Scope of Practice Policy clarifies the roles and responsibilities of CALMSHELL, therapists, coaches, and peer supporters. This policy establishes that CALMSHELL is a technology platform, not a healthcare provider, and that therapists maintain clinical autonomy and professional responsibility.

7.2 CALMSHELL's Role

CALMSHELL operates as a technology platform that facilitates connections between users and independent mental health professionals. CALMSHELL's responsibilities include:

- Providing a secure platform for therapy communication
- Verifying therapist credentials and qualifications
- Facilitating therapist-client matching
- Providing crisis resources and emergency procedures
- Monitoring for policy violations and safety concerns
- Maintaining user data security and privacy

- Providing educational resources and assessments

CALMSHELL does not provide clinical care, make clinical diagnoses, prescribe medications, or supervise therapy. CALMSHELL does not hold itself out as a healthcare provider.

7.3 Therapist Responsibilities & Autonomy

Therapists maintain full clinical autonomy and professional responsibility for their clients. Therapists are responsible for:

- Conducting thorough assessments and treatment planning
- Maintaining clinical documentation and records
- Providing evidence-based treatment
- Monitoring client progress and adjusting treatment as needed
- Responding to crises and safety concerns
- Maintaining professional boundaries
- Complying with professional standards and ethics codes
- Maintaining confidentiality and data security

Therapists are not employees of CALMSHELL and maintain independent practices. Therapists set their own rates (within CALMSHELL guidelines), availability, and service offerings.

7.4 Coach & Peer Supporter Responsibilities

Coaches provide non-clinical guidance, coaching, and support services. Coaches must not:

- Provide therapy or clinical treatment
- Diagnose mental health conditions
- Prescribe medications or medical treatments
- Hold themselves out as therapists or licensed professionals
- Provide crisis intervention or emergency services

Peer supporters provide peer support and shared experiences. Peer supporters must not:

- Provide therapy or clinical treatment
- Diagnose mental health conditions
- Prescribe medications or medical treatments
- Hold themselves out as professionals
- Provide crisis intervention or emergency services

7.5 Limitations & Disclaimers

CALMSHELL clearly communicates limitations of virtual therapy, including:

- Reduced ability to assess non-verbal communication
- Potential for technical failures
- Limited ability to provide emergency care
- Inability to prescribe medications (for non-psychiatrist therapists)
- Limitations in certain clinical situations (e.g., severe psychosis, active suicidality)

Users are informed that virtual therapy may not be appropriate for all conditions and that in-person care may be necessary in some situations.

7.6 Coordination with Other Providers

Therapists are encouraged to coordinate care with other providers, including primary care physicians, psychiatrists, and other specialists. With user consent, therapists may communicate with other providers to ensure coordinated care.

CALMSHELL does not coordinate care directly but facilitates communication between providers with user consent.

7.7 Professional Liability

CALMSHELL requires all therapists to maintain professional liability insurance. CALMSHELL itself maintains general liability insurance but does not assume liability for therapist conduct or clinical decisions.

Users understand that they are responsible for selecting their therapist and that CALMSHELL is not responsible for therapist conduct, clinical outcomes, or professional judgment.

POLICY 8: TELEHEALTH / VIRTUAL CARE POLICY

8.1 Purpose & Scope

The Telehealth / Virtual Care Policy establishes standards for virtual therapy delivery through CALMSHELL, including video sessions, chat-based therapy, and other virtual modalities. This policy ensures that virtual care meets professional standards and provides users with a safe, secure, and effective therapeutic experience.

8.2 Virtual Care Modalities

CALMSHELL supports multiple virtual care modalities:

Video Therapy: Real-time video sessions between therapist and client using CALMSHELL's secure video platform. Video sessions include encryption, recording capabilities (with consent), and real-time captioning.

Chat-Based Therapy: Asynchronous text-based therapy where clients send messages and therapists respond within agreed-upon timeframes (typically within 24 hours). Chat therapy is suitable for ongoing support and less acute concerns.

Phone Therapy: Telephone-based therapy for clients who prefer voice communication. Phone sessions are conducted through CALMSHELL's secure phone system.

Hybrid Therapy: Combination of video, chat, and phone modalities tailored to client needs and preferences.

8.3 Technical Requirements

Platform Security: CALMSHELL's video platform uses end-to-end encryption, secure servers, and industry-standard security protocols. Video sessions are not recorded unless both parties consent.

Internet Connection: Users should have a stable, private internet connection for video sessions. CALMSHELL recommends broadband speeds of at least 2.5 Mbps for video sessions.

Device Requirements: Video sessions require a device with a camera and microphone, including computers, tablets, or smartphones. Users should use updated browsers and operating systems.

Privacy & Confidentiality: Users must access sessions from a private location where conversations cannot be overheard. Therapists must also access sessions from private, secure locations.

8.4 Virtual Care Standards

Assessment: Before beginning virtual therapy, therapists conduct assessments to determine whether virtual care is appropriate. Assessments include evaluation of client's technological capabilities, privacy, and clinical suitability.

Informed Consent: Clients provide informed consent to virtual care, acknowledging risks and limitations of virtual therapy.

Therapeutic Relationship: Therapists establish and maintain therapeutic relationships through virtual modalities. Therapists use techniques to build rapport, establish trust, and provide effective treatment.

Crisis Response: Therapists have procedures for responding to crises during virtual sessions, including emergency contact protocols and crisis resources.

Documentation: Therapists maintain clinical documentation of virtual sessions, including session notes, treatment plans, and progress notes.

8.5 Confidentiality & Privacy in Virtual Care

Session Privacy: Clients must access sessions from private locations. Therapists must also conduct sessions from private locations where conversations cannot be overheard.

Recording & Transcription: Video and audio recordings are only made with explicit client consent. Recordings are encrypted and stored securely. Clients may request deletion of recordings.

Third Parties: Clients must not allow third parties to observe sessions without therapist knowledge and consent. Therapists must not conduct sessions in locations where third parties can observe.

Device Security: Clients should ensure their devices are secure and not accessed by unauthorized persons. CALMSHELL recommends using passwords and device locks.

8.6 Technical Failure & Contingency

If technical failures occur during sessions, therapists and clients have procedures for reconnecting or rescheduling. If a session is interrupted due to technical failure, the session is not charged to the client.

CALMSHELL maintains backup systems and redundancy to minimize technical failures. In cases of platform-wide outages, CALMSHELL provides status updates and rescheduling assistance.

8.7 Limitations of Virtual Care

Virtual care is not appropriate for all clients and conditions. Limitations include:

- Inability to conduct physical examinations
- Reduced ability to assess non-verbal communication
- Limitations in crisis intervention
- Potential for technical failures
- Privacy concerns in certain settings
- Unsuitability for certain severe mental health conditions

Therapists assess suitability of virtual care for each client and may recommend in-person care if virtual care is not appropriate.

8.8 Transition to In-Person Care

If virtual care is not appropriate or if clients prefer in-person care, therapists provide referrals to in-person providers. CALMSHELL does not provide in-person services but facilitates referrals to local providers.

POLICY 9: CRISIS RESPONSE & ESCALATION POLICY

9.1 Purpose & Scope

The Crisis Response & Escalation Policy establishes procedures for identifying, responding to, and escalating crisis situations involving risk of suicide, self-harm, violence, or other emergencies. This policy ensures that users in crisis receive appropriate support and emergency services.

9.2 Crisis Identification

Therapists are trained to identify crisis indicators, including:

- Expressed suicidal ideation or intent
- Expressed plans or means for suicide
- Severe hopelessness or despair
- Acute psychiatric symptoms (hallucinations, delusions)
- Substance intoxication or withdrawal
- Severe agitation or aggression
- Acute trauma responses
- Risk of harm to self or others

CALMSHELL also uses AI algorithms to identify crisis indicators in user messages and assessments. AI-identified risks are flagged for human review.

9.3 Immediate Crisis Response

During Video Sessions: If a therapist identifies crisis risk during a video session, the therapist:

10 Remains calm and maintains therapeutic rapport

11 Conducts a thorough risk assessment
12 Develops a safety plan with the client
13 Determines whether immediate emergency services are needed
14 If emergency services are needed, contacts emergency services (911 in Ontario) with client knowledge
15 Documents the crisis response and actions taken

During Chat Sessions: If crisis risk is identified in chat messages:

16 Therapist responds immediately (within minutes, not hours)
17 Therapist conducts crisis assessment via chat
18 Therapist recommends immediate crisis resources
19 Therapist may contact emergency services if imminent risk is identified
20 Therapist documents crisis response

After Hours: CALMSHELL maintains a crisis hotline available 24/7. Users can contact the crisis hotline for immediate support. Crisis hotline staff are trained in crisis intervention and can contact emergency services if needed.

9.4 Safety Planning

When crisis risk is identified, therapists work with clients to develop safety plans that include:

- Identification of warning signs and triggers
- Internal coping strategies (skills, techniques)
- External supports (friends, family, professionals)
- Professional resources (therapist contact, crisis hotline)
- Emergency services contact information
- Means restriction strategies (removing access to lethal means)

Safety plans are documented and shared with clients.

9.5 Emergency Services Escalation

If imminent risk of death or serious bodily harm is identified, CALMSHELL contacts emergency services (911 in Ontario) with client knowledge when possible. CALMSHELL provides emergency services with necessary information to locate and assist the client.

In cases where client location is unknown, CALMSHELL works with emergency services to attempt to locate the client using available information (IP address, registered address, emergency contact).

9.6 Hospitalization & Psychiatric Holds

If a client is hospitalized or placed on a psychiatric hold, CALMSHELL coordinates with the hospital and treatment team (with client consent) to ensure continuity of care. Upon discharge, CALMSHELL facilitates transition back to outpatient care.

9.7 Mandatory Reporting

CALMSHELL complies with mandatory reporting requirements in Ontario and other provinces. Therapists are mandated reporters of child abuse and neglect. In cases where child abuse is identified, therapists report to the Children's Aid Society.

Therapists are also mandated reporters in cases of abuse of vulnerable adults. Reporting is done in accordance with applicable laws.

9.8 Crisis Resources

CALMSHELL provides users with crisis resources, including:

- **National Suicide Prevention Lifeline:** 1-833-456-4566 (Canada)
- **Crisis Text Line:** Text HOME to 741741
- **Ontario Mental Health Helpline:** 1-866-531-2600
- **Local Emergency Services:** 911
- **Poison Control:** 1-800-268-9017

Crisis resources are prominently displayed throughout the platform and are provided to users in crisis.

9.9 Post-Crisis Follow-Up

After a crisis response, therapists conduct follow-up with clients to:

- Assess ongoing safety
- Review safety plan
- Provide support and resources
- Adjust treatment plan as needed
- Coordinate with other providers if necessary

Follow-up occurs within 24-48 hours of the crisis response.

9.10 Crisis Training

All therapists are trained in crisis identification and response. Training includes:

- Recognition of suicide risk factors
- Risk assessment techniques
- Safety planning
- De-escalation techniques
- Emergency services coordination
- Mandatory reporting requirements
- Self-care and vicarious trauma prevention

Training is provided during onboarding and annually thereafter.

POLICY 10: CLINICAL DOCUMENTATION POLICY

10.1 Purpose & Scope

The Clinical Documentation Policy establishes standards for maintaining clinical records and documentation of therapy services. This policy ensures that clinical documentation is thorough, accurate, secure, and compliant with professional standards and legal requirements.

10.2 Documentation Standards

Session Notes: Therapists maintain session notes for each therapy session. Session notes include:

- Date, time, and duration of session
- Modality (video, chat, phone)
- Topics discussed and issues addressed
- Client presentation and mental status
- Assessment and clinical impressions
- Treatment provided and interventions used
- Client response and progress
- Plans for next session
- Any safety concerns or crisis interventions

Session notes are objective, factual, and avoid subjective judgments or discriminatory language.

Treatment Plans: Therapists develop and maintain treatment plans that include:

- Client presenting problems and diagnoses
- Treatment goals (short-term and long-term)

- Planned interventions and modalities
- Frequency and duration of treatment
- Prognosis
- Plan for monitoring progress
- Plan for discharge or termination

Treatment plans are reviewed and updated regularly (at least quarterly).

Progress Notes: Therapists maintain progress notes documenting client progress toward treatment goals. Progress notes include:

- Current status and symptoms
- Progress toward goals
- Barriers to progress
- Changes in treatment plan
- Client engagement and compliance
- Any concerns or issues

Risk Assessments: When suicide risk, self-harm risk, or other safety concerns are identified, therapists conduct and document risk assessments including:

- Risk factors and protective factors
- Severity of risk (low, moderate, high, imminent)
- Assessment method and rationale
- Safety planning and interventions
- Follow-up plans

Informed Consent & Agreements: Documentation includes signed informed consent forms, consent to services, and any other agreements with clients.

10.3 Documentation Timeliness

Session notes are completed within 24 hours of the session. Progress notes are completed within 1 week. Treatment plans are completed within 1 week of initial assessment.

CALMSHELL provides therapists with tools to complete documentation efficiently and securely.

10.4 Documentation Security & Access

Encryption: All clinical documentation is encrypted at rest using AES-256 encryption and in transit using TLS/SSL encryption.

Access Control: Access to clinical documentation is restricted to the treating therapist and authorized CALMSHELL staff. Clients may request access to their records.

Audit Logging: All access to clinical documentation is logged and audited. Unauthorized access attempts are detected and investigated.

Backup & Recovery: Clinical documentation is backed up regularly and stored securely.

10.5 Documentation Retention

Clinical documentation is retained for 7 years following the last therapy session, in accordance with professional standards and legal requirements. After 7 years, documentation is securely destroyed or de-identified.

Clients may request retention of their records beyond the standard retention period. CALMSHELL will accommodate reasonable requests.

10.6 Client Access to Records

Clients have the right to access their clinical records. Clients may request access through their account or by contacting CALMSHELL support. Records are provided within 10 business days.

CALMSHELL may redact information that would be harmful to the client or that involves third parties. Clients may appeal redactions.

10.7 Record Transfers

If clients transfer to another provider, they may request that their records be transferred to the new provider. CALMSHELL transfers records with client consent and with appropriate security measures.

10.8 Documentation Audits

CALMSHELL conducts regular audits of clinical documentation to ensure compliance with standards. Audits assess:

- Completeness of documentation
- Accuracy and objectivity
- Timeliness of documentation
- Compliance with professional standards
- Identification of training needs

Audit results are provided to therapists with recommendations for improvement.

POLICY 11: AI & AUTOMATED RECOMMENDATION POLICY

11.1 Purpose & Scope

The AI & Automated Recommendation Policy establishes standards for the use of artificial intelligence and automated algorithms in CALMSHELL, including therapist matching, risk scoring, and personalized recommendations. This policy ensures that AI systems are transparent, accurate, and do not replace human judgment.

11.2 AI Applications

Therapist Matching: CALMSHELL uses AI algorithms to match users with therapists based on specialization, availability, user preferences, and other factors. The matching algorithm is a tool to facilitate selection, not a guarantee of compatibility.

Risk Scoring: CALMSHELL uses AI algorithms to identify crisis risk indicators in user messages and assessments. Risk scores are flagged for human review by trained staff.

Personalized Recommendations: CALMSHELL uses AI algorithms to recommend therapists, courses, resources, and other content based on user preferences and clinical indicators.

Chatbot Support: CALMSHELL may use chatbots to provide initial support, answer questions, and triage users to appropriate resources. Chatbots are clearly identified as automated systems.

11.3 AI Limitations & Disclaimers

Users are informed that:

- AI does not diagnose mental health conditions
- AI recommendations are not clinical advice
- AI algorithms may have biases or limitations
- AI should not be used as the sole basis for clinical decisions
- Human oversight is essential for all AI-generated recommendations
- Users should consult with therapists before making treatment decisions based on AI recommendations

11.4 Human Oversight

All AI-generated recommendations and risk scores are reviewed by trained human staff before being acted upon. Humans have the authority to override AI recommendations and to make final decisions.

Crisis risk scores are reviewed by trained crisis staff within 1 hour of generation. Therapist matching recommendations are reviewed by users before final selection.

11.5 Transparency & Explainability

CALMSHELL is transparent about the use of AI and explains how AI algorithms work. Users are informed when they are interacting with AI systems or when AI is used to generate recommendations.

CALMSHELL provides explanations for AI recommendations, including factors considered and reasoning behind recommendations.

11.6 Bias & Fairness

CALMSHELL is committed to ensuring that AI algorithms are fair and do not discriminate based on protected characteristics (race, color, religion, gender, sexual orientation, national origin, disability, age).

CALMSHELL regularly audits AI algorithms for bias and takes steps to address any identified bias. Audits include:

- Testing algorithms for disparate impact
- Reviewing training data for bias
- Assessing outcomes across demographic groups
- Identifying and addressing sources of bias

11.7 Data Quality & Accuracy

CALMSHELL ensures that data used to train AI algorithms is accurate, complete, and representative. CALMSHELL implements quality assurance processes to identify and correct data errors.

CALMSHELL regularly validates AI algorithm performance and accuracy. Validation includes:

- Testing algorithms on new data
- Comparing algorithm predictions to human judgments
- Assessing accuracy across demographic groups
- Identifying and addressing sources of error

11.8 User Control & Opt-Out

Users may opt out of AI recommendations and personalized features through account settings. Users who opt out will not receive AI-generated recommendations but may still use core platform features.

Users may request that their data not be used for AI training or algorithm development. CALMSHELL will honor requests to opt out of AI training.

11.9 AI Governance

CALMSHELL establishes an AI Governance Committee responsible for:

- Reviewing AI applications and algorithms
- Assessing risks and benefits of AI use
- Ensuring compliance with this policy
- Addressing user concerns about AI
- Conducting regular audits and assessments
- Recommending improvements to AI systems

11.10 Continuous Improvement

CALMSHELL is committed to continuously improving AI systems. Improvements include:

- Incorporating user feedback
- Addressing identified biases
- Improving accuracy and performance
- Enhancing transparency and explainability
- Expanding AI applications where appropriate

POLICY 12: POSTPARTUM PATHWAY CLINICAL POLICY

12.1 Purpose & Scope

The Postpartum Pathway Clinical Policy establishes specialized standards for providing mental health services to individuals in the postpartum period (up to 1 year after delivery). This policy recognizes the unique clinical, medical, and psychosocial needs of postpartum individuals and ensures that services are evidence-based, trauma-informed, and coordinated with obstetric and pediatric care.

12.2 Postpartum Mental Health Conditions

CALMSHELL recognizes that postpartum individuals are at risk for multiple mental health conditions, including:

- **Postpartum Depression:** Persistent depressed mood, anhedonia, guilt, fatigue, concentration difficulties, sleep disturbance (beyond normal postpartum sleep deprivation)
- **Postpartum Anxiety:** Excessive worry, panic attacks, intrusive thoughts, hypervigilance, physical symptoms of anxiety
- **Postpartum OCD:** Intrusive thoughts (often about harm to infant), compulsive behaviors, significant distress
- **Postpartum PTSD:** Trauma responses related to delivery, medical complications, or previous trauma
- **Postpartum Psychosis:** Hallucinations, delusions, disorganized behavior, severe mood disturbance (rare but serious)
- **Perinatal Mood & Anxiety Disorders (PMADs):** Umbrella term for mood and anxiety disorders in pregnancy and postpartum

12.3 Screening & Assessment

Universal Screening: All postpartum users are offered screening for postpartum depression and anxiety using validated instruments, including:

- Edinburgh Postnatal Depression Scale (EPDS)
- Generalized Anxiety Disorder Scale (GAD-7)
- CALMSHELL Postpartum Screening Tool

Screening occurs at registration and periodically during engagement with services.

Comprehensive Assessment: If screening indicates risk, therapists conduct comprehensive assessments including:

- Detailed mood and anxiety history
- Suicidal and self-harm risk assessment
- Infant safety assessment
- Medical history and current medications
- Obstetric history and delivery experience
- Social support and stressors
- Previous mental health history
- Substance use history

12.4 Specialized Therapist Training

Therapists offering postpartum services must complete specialized training in:

- Postpartum mental health conditions and symptoms
- Perinatal mood and anxiety disorders
- Screening and assessment tools
- Evidence-based treatments (CBT, IPT, medication)
- Infant safety and risk assessment
- Coordination with obstetric and pediatric providers
- Trauma-informed care
- Cultural competency in perinatal care

Training is provided during onboarding and annually thereafter.

12.5 Evidence-Based Treatment

CALMSHELL promotes evidence-based treatments for postpartum mental health conditions, including:

- **Cognitive Behavioral Therapy (CBT):** Effective for postpartum depression and anxiety
- **Interpersonal Therapy (IPT):** Effective for postpartum depression
- **Acceptance & Commitment Therapy (ACT):** Effective for anxiety and adjustment
- **Mindfulness-Based Interventions:** Effective for anxiety and stress
- **Medication:** SSRIs and other medications are effective for postpartum depression and anxiety; compatibility with breastfeeding is considered

Therapists work with clients to select treatments based on preferences, clinical presentation, and evidence.

12.6 Infant Safety Assessment

Therapists conducting postpartum assessments assess risk to infant safety, including:

- Risk of harm to infant (abuse, neglect)
- Risk of infanticide (rare but serious in postpartum psychosis)
- Parenting capacity and stress
- Social support and resources
- Substance use that may affect parenting

If concerns about infant safety arise, therapists follow mandatory reporting procedures and contact child protective services if necessary.

12.7 Coordination with Medical Providers

Therapists coordinate with obstetric and pediatric providers (with client consent) to ensure coordinated care. Coordination includes:

- Sharing relevant clinical information
- Discussing medication options and compatibility with breastfeeding
- Coordinating crisis response
- Planning for postpartum follow-up

CALMSHELL provides templates and procedures to facilitate provider communication.

12.8 Breastfeeding Considerations

Therapists are knowledgeable about medication safety during breastfeeding. When recommending medications, therapists consider:

- Safety of medication for breastfeeding infants
- Excretion into breast milk
- Alternatives to medication if needed
- Coordination with obstetric provider

CALMSHELL provides resources on medication safety during breastfeeding.

12.9 Postpartum Psychosis Response

Postpartum psychosis is a psychiatric emergency requiring immediate intervention. If postpartum psychosis is identified, therapists:

21 Immediately assess safety to mother and infant
22 Contact emergency services (911) if imminent risk
23 Recommend hospitalization if indicated
24 Coordinate with psychiatric services
25 Ensure infant safety and care arrangements

CALMSHELL has specialized protocols for postpartum psychosis response.

12.10 Perinatal Loss & Grief

CALMSHELL recognizes that postpartum individuals may experience perinatal loss (miscarriage, stillbirth, neonatal death) and provides specialized support for grief and trauma. Therapists are trained in:

- Grief counseling and support

- Trauma-informed care for perinatal loss
- Coordination with bereavement services
- Support for subsequent pregnancies

12.11 Postpartum Documentation

Clinical documentation for postpartum services includes:

- Screening results and dates
- Assessment findings
- Infant safety assessment
- Treatment plan specific to postpartum conditions
- Coordination with medical providers
- Medication discussions and decisions
- Progress toward treatment goals
- Follow-up plans

12.12 Postpartum Referral & Discharge

When postpartum individuals are ready to discharge from services, therapists provide:

- Referrals to ongoing support (support groups, community resources)
- Relapse prevention planning
- Information about warning signs of relapse
- Contact information for crisis resources
- Coordination with primary care provider for ongoing monitoring

---

IMPLEMENTATION CHECKLISTS

Checklist 6: Therapist Verification Implementation

Task	Responsible Party	Deadline	Status
Develop credential verification checklist	Compliance Team	Week 1	☐
Create therapist application form	Product Team	Week 1	☐

Task	Responsible Party	Deadline	Status
Establish regulatory body verification process	Compliance Team	Week 2	☐
Implement background check process	HR Team	Week 2	☐
Create insurance verification system	Compliance Team	Week 2	☐
Develop annual renewal process	Compliance Team	Week 3	☐
Create license monitoring system	IT Team	Week 3	☐
Establish appeals process	Legal Team	Week 3	☐
Create therapist removal procedures	Compliance Team	Week 4	☐
Train compliance staff on verification	Compliance Team	Week 4	☐
Create public verification system	Product Team	Week 4	☐

Checklist 7: Scope of Practice Implementation

Task	Responsible Party	Deadline	Status
Draft Scope of Practice policy	Legal Team	Week 1	☐
Review with clinical advisors	Clinical Team	Week 1	☐
Create therapist training materials	Clinical Team	Week 2	☐
Create coach/peer supporter guidelines	Clinical Team	Week 2	☐
Develop limitation disclaimers	Legal Team	Week 2	☐
Integrate disclaimers into platform	Product Team	Week 3	☐

Task	Responsible Party	Deadline	Status
Create professional liability requirements	Legal Team	Week 3	☐
Establish insurance verification	Compliance Team	Week 3	☐
Train therapists on scope of practice	Clinical Team	Week 4	☐
Create monitoring procedures	Compliance Team	Week 4	☐

Checklist 8: Telehealth / Virtual Care Implementation

Task	Responsible Party	Deadline	Status
Develop virtual care standards	Clinical Team	Week 1	☐
Implement video encryption	IT Team	Week 1-2	☐
Create assessment tool for virtual care suitability	Clinical Team	Week 2	☐
Develop informed consent form for virtual care	Legal Team	Week 2	☐
Create therapist training on virtual care	Clinical Team	Week 3	☐
Implement real-time captioning	Product Team	Week 3	☐
Create crisis response procedures for virtual sessions	Clinical Team	Week 3	☐
Develop technical failure contingency procedures	IT Team	Week 4	☐
Create user guidance on virtual care privacy	Support Team	Week 4	☐
Train therapists on virtual care standards	Clinical Team	Week 4	☐

Checklist 9: Crisis Response Implementation

Task	Responsible Party	Deadline	Status
Develop crisis identification training	Clinical Team	Week 1	☐
Create risk assessment tools	Clinical Team	Week 1	☐
Implement AI risk scoring system	IT Team	Week 1-2	☐
Develop safety planning templates	Clinical Team	Week 2	☐
Create crisis response procedures	Clinical Team	Week 2	☐
Establish 24/7 crisis hotline	Operations Team	Week 2-3	☐
Train crisis hotline staff	Clinical Team	Week 3	☐
Create emergency services coordination procedures	Clinical Team	Week 3	☐
Develop mandatory reporting procedures	Legal Team	Week 3	☐
Create crisis resource database	Support Team	Week 4	☐
Train all therapists on crisis response	Clinical Team	Week 4	☐

Checklist 10: Clinical Documentation Implementation

Task	Responsible Party	Deadline	Status
Develop documentation standards	Clinical Team	Week 1	☐
Create session note template	Clinical Team	Week 1	☐
Create treatment plan template	Clinical Team	Week 1	☐

Task	Responsible Party	Deadline	Status
Create progress note template	Clinical Team	Week 1	☐
Implement documentation system in platform	Product Team	Week 2	☐
Create data retention schedule	Compliance Team	Week 2	☐
Implement encryption for documentation	IT Team	Week 2-3	☐
Create access control system	IT Team	Week 3	☐
Implement audit logging	IT Team	Week 3	☐
Create client access procedures	Support Team	Week 3	☐
Develop documentation audit process	Compliance Team	Week 4	☐
Train therapists on documentation standards	Clinical Team	Week 4	☐

Checklist 11: AI & Recommendations Implementation

Task	Responsible Party	Deadline	Status
Develop AI governance framework	IT Team	Week 1	☐
Create AI policy and guidelines	Legal Team	Week 1	☐
Review AI algorithms for bias	Data Science Team	Week 1-2	☐
Create AI transparency documentation	Product Team	Week 2	☐
Implement human oversight procedures	Clinical Team	Week 2	☐
Create opt-out mechanisms	Product Team	Week 2-3	☐

Task	Responsible Party	Deadline	Status
Develop AI audit procedures	Compliance Team	Week 3	☐
Create user education materials on AI	Support Team	Week 3	☐
Establish AI Governance Committee	Executive Team	Week 3	☐
Train staff on AI governance	Compliance Team	Week 4	☐

Checklist 12: Postpartum Pathway Implementation

Task	Responsible Party	Deadline	Status
Develop postpartum clinical standards	Clinical Team	Week 1	☐
Create postpartum screening tools	Clinical Team	Week 1	☐
Develop postpartum assessment template	Clinical Team	Week 1	☐
Create postpartum therapist training program	Clinical Team	Week 2	☐
Develop infant safety assessment procedures	Clinical Team	Week 2	☐
Create provider coordination templates	Clinical Team	Week 2	☐
Develop medication safety resources	Clinical Team	Week 2	☐
Create postpartum psychosis response procedures	Clinical Team	Week 3	☐
Develop perinatal loss support resources	Clinical Team	Week 3	☐
Create postpartum documentation templates	Clinical Team	Week 3	☐
Train therapists on postpartum care	Clinical Team	Week 4	☐

Task	Responsible Party	Deadline	Status
Create user education materials on postpartum services	Support Team	Week 4	☐

COMPLIANCE TRACKING

Compliance Tracking Matrix

Policy	Regulatory Requirement	Compliance Status	Evidence	Last Reviewed	Next Review
Therapist Verification	Professional Standards Act, Regulatory Body Requirements	☐ Compliant	Verification logs, license checks	[Date]	[Date]
Scope of Practice	Health Care Consent Act, Professional Standards	☐ Compliant	Policy documentation, training records	[Date]	[Date]
Telehealth / Virtual Care	Telehealth Standards, Professional Standards	☐ Compliant	Technical audit, user feedback	[Date]	[Date]
Crisis Response	Mental Health Act, Duty to Warn, Mandatory Reporting	☐ Compliant	Crisis response logs, training records	[Date]	[Date]
Clinical Documentation	Health Information Act, Professional Standards	☐ Compliant	Documentation audit, retention schedule	[Date]	[Date]
AI & Recommendations	PIPEDA, Algorithmic Accountability	☐ Compliant	AI audit, bias testing	[Date]	[Date]
Postpartum Pathway	Health Care Consent Act, Perinatal Standards	☐ Compliant	Screening records, training documentation	[Date]	[Date]

Document Status: Draft for Implementation
Prepared By: CALMSHELL Clinical & Compliance Team
Date: June 2026
Version: 1.0